

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/030511		FILING DATE 06 MAY 2002	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			1				51		
2				1			52		
3							53		
4				2			54		
5				3			55		
6				2			56		
7				2			57		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.				9			TOTAL DEP.		
TOTAL CLAIMS			10				TOTAL CLAIMS		